

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5	1	1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	43					
TOTAL DEP.	32					
TOTAL CLAIMS	25					

TOTAL IND.

1

1

1

TOTAL DEP.

1

1

1

TOTAL CLAIMS

1

1

1